

Right The FIRST Time – Reclaiming the process

Medical Assistance takes aim at a core business function – reimbursing providers

Heading up RTFT

Diane Weeden, former Director of the Division of Program Support, returned to Medical Assistance



Administration on April 1 to head up the special quality improvement project called Right The First Time, or simply RTFT.

"This project is going to need feedback and involvement from nearly every section in MAA," said Assistant Secretary Doug Porter.

"I want it to look at everything that influences how a claim comes to us and how it gets processed -- from the day a new provider enrolls to the point a claim is approved for payment and a check is sent!" More details of the project will be formally unveiled at this year's Quality Day on April 29. In the meantime, In her new role, Diane will work closely with DPS Director MaryAnne Lindeblad and Steve Wish, Director of the Division of Customer Support.

To contact Diane or offer ideas and suggestions for RTFT:

Diane Weeden
RTFT Project Director
360-725-1771
weeded@dshs.wa.gov

For more information

Jim Stevenson, MAA
Communications Director
360.902-7604
Stevejh2@dshs.wa.gov

Reimbursing providers for health care is at the center of what we do in Medical Assistance Administration. Providers file a claim -- we pay it.

But over the course of the next year of fiscal 2005, MAA is going to focus anew on that single function, aiming to upgrade our processes in a hundred different ways. And all of those strategies and action plans will have a single goal – **Right The First Time (RTFT)**.

The new project, which is being officially kicked off during Quality Day on April 29, 2004, will use quality improvement principles to increase the number of "clean claims," i.e., those billings that can be processed automatically by our payment system.

In the past, MAA and its providers have generally viewed this process through blinders that limited our vision to what happens in Claims Processing after the claim has been received. But in fact, reasons for rebilling a claim lie much further back – to the time a provider enrolls with Medicaid, to the directions we give providers in MAA's billing instructions, to the outreach efforts by our provider liaison sections, and to the assistance we do or don't make available when providers are having problems.

All of these processes share a common denominator. It is the opportunity to influence the way a provider submits his or her claim to MAA. The way that claim is submitted is what determines whether Claims Processing can promptly pay it – or whether the claim must be "suspended" for correction or clarification.

RTFT aims to bring those disparate sections of MAA together in a common purpose – influencing the shape of that claim BEFORE it is submitted.

The first job will be to start identifying data needs and resources (what can we get out of the Medicaid Management Information System (MMIS) and other data sets? Then we can start inventorying what we currently do and how current claims are influenced by payment processes.



RTFT!

Steering Committee

Sidonie Turner, Providence Medical Center, customer representative; **Susan Lucas**, Director, Division of Business and Finance, MAA; **Steven Wish**, Director, Division of Customer Support; **John Gaisford**, Program Manager, Division of Medical Management; **Laura Piliaris**, Program Manager, Division of Policy and Analysis, **MaryAnne Lindeblad**, Director, Division of Program Support, **Heidi Robbins-Brown**, Deputy Assistant Secretary, **Sandy McDonald**, Quality Steering Committee; **Jim Stevenson**, Communications Director; **Tamishia Garrett**, Facilitator; **Diane Weeden**, RTFT Project Manager

Solutions Team

Thaivan Nguyen, DBF; **Gary Monroe**, DCS; **Norma Leavitt**, DCS; **Gary Farrior**, DCS; **Diane Baum**, DMM; **Gini Egan**, DMM; **Ann Myers**, DPA; **Chris Johnson**, DPS; **Scott Palafox**, DPS; **Denise Davidson**, DPS; **Chuck Cummings**, ISD; **Cathie Ott**, ISD; **Karen De Leon**, MMIS Reprocurement; **Andrew Pittalkau**, HIPAA; **Steve Orton**, QSC; and **Dennis Doyle**, Washington Federation of State Employees; **Tamishia Garrett**, Facilitator

A workplan for putting together claims – Right The First Time

1. Convene Steering Committee: Reach consensus on expectations and outcomes for project and make decisions on areas they will oversee versus areas the Solutions Team will be responsible for. Meeting scheduled for May 5.

2. Communications and marketing plan: Develop internal and external plans, including request for involvement by all divisions. Establish Intranet Website for RTFT updates and ideas. Meet with external customers regarding ideas for improvement.



3. Convene Solutions Team. Reach consensus on expectations and outcomes for the project; draft charters for Steering committee review and agree on scope of activities (length, duration, direction). Meeting scheduled for May 7.

4. Survey claims data sources (MMIS, HWT, data ware house, etc) to help identify which claims are being denied and then resubmitted and subsequently paid -- by claim type, provider type, electronic or paper, for different procedures, etc. .

5. Survey provider toll-free data (Omnitrack) to review provider feedback, top reasons for phone calls.

6. Analyze data to establish areas of concentration for changes – “biggest bang for our bucks.”

7 Use workgroups and section meetings to brainstorm operations, policies, etc. we could change...both short-term (quick, little or no resources required, etc) and long-term (need more resources, hard to implement, etc) based on data analysis.

8 Select short- and long-term changes/solutions including operational efforts to sustain improvements. Prioritize changes based on “biggest bang for our buck” short and long term and send to Steering Committee for sanctioning.



9. Develop performance measures, collect and analyze data to see if changes made a difference.

10. Implement quality improvement projects.

11. Publicize outcomes.

12. Fine-tune changes as necessary.